

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AD FILED | | ADDED BY AC2HD/2007 | | ADDED BY AC2HD/2007 | |
|--------------|----------|-----|------------------------|-----|------------------------|-----|
| | CHD | DEP | CHD | DEP | CHD | DEP |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 60 | | | | | |
| TOTAL CLAIMS | 62 | | | | | |

| | CHD | DEP | CHD | DEP | CHD | DEP |
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| TOTAL IND. | | | | | | |
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